
* OFFICE USE ONLY: *
* CERTIFICATION NUMBER _____ *

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

PAYPHONE SERVICE PROVIDER (PSP)
APPLICATION FOR CERTIFICATION

SECTION I: APPLICANT INFORMATION

NAME IN WHICH CERTIFICATION TO BE ISSUED

SOCIAL SECURITY *or* FEDERAL EMPLOYEE IDENTIFICATION NUMBER

MAILING ADDRESS

CITY, STATE, ZIP

CONTACT PERSON *or* RESPONSIBLE PARTY' S NAME, TITLE & PHONE NUMBER

SECTION II: ORGANIZATION

Type of Organization (please check):

Individual -----[]

Partnership -----[]

Corporation -----[]

Other (please specify)_____

If a Corporation:

Attach Articles of Incorporation and,

If *nonresident corporation*, attach copy of Certification of Good Standing issued by the South Carolina Secretary of State' s office which indicates corporation' s authority to do business in South Carolina.

SECTION III: FINANCIAL

Provide a statement, which describes the general financial status of the applicant (current assets, liabilities & etc.) **Attach to application.**

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SECTION IV: MAINTAINANCE & SERVICE

How does applicant intend to provide routine maintenance and service?

Personally -----[]

Employee(s) -----[]

Via contract (Who? – Provide details on separate sheet) ----- []

How does applicant intend to accommodate end user service needs (repairs, refunds, customer inquiries, etc.)?

Personally -----[]

Employee(s) -----[]

Via contract (Who? – Provide details on separate sheet) ----- []

SECTION V: AGREEMENT

RESPONSIBLE PARTY & TITLE (please type or print)

ADDRESS

APPLICANT UNDERSTANDS THAT THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AUTHORITY TO OPERATE. APPLICANT AGREES TO INFORM THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA OF ANY CHANGES IN THE ABOVE PROVIDED INFORMATION WITHIN 30 DAYS; AND FILE ANNUAL REPORT INFORMATION AS REQUIRED. THE APPLICANT ALSO AGREES TO REVIEW AND ADHERE TO ALL GUIDELINES SET FORTH BY THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA FOR PAYPHONE SERVICE PROVIDERS.

SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME

THIS _____ DAY OF _____, _____

(NOTARY PUBLIC)

(SEAL)

RETURN TO
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA SC 29211